



February 23, 2015

Representative Art Wittich
Chair, Human Services Committee
Montana House of Representatives
1301 E. 6th Avenue
PO Box 200400
Helena, MT 59620-0400

Re: HB 545: Professional Review Committees

Dear Chair Wittich:

I am unable to attend the Committee's hearing on Monday, February 23, 2015, to testify personally in support of HB 545. Please accept this letter in lieu of my personal testimony.

I am the Medical Director of the Neonatal Intensive Care Unit ("NICU") at Kalispell Regional Medical Center. Prior to my joining Kalispell Regional Medical Center, I served as a neonatologist since 1985 in hospitals in Montana and other states. A NICU is a specialized care unit in a hospital for premature and other newborns and acutely ill infants who need intensive medical attention. A NICU offers advanced technology and highly trained physicians and other health care professionals to provide care for the tiniest patients.

Presently there only five NICU's in the State of Montana and thirteen neonatologists. Neonatologists are physicians who have additional training and experience to handle the very complex and high-risk medical situations faced in complicated pregnancies, premature births and complications at and shortly following birth. Neonatologists are in great demand across the United States. It is obvious that Montana needs to attract and retain neonatologists to serve our unique frontier/rural communities. An important component of this need is to have effective and supportive professional review, also called peer review, of our neonatologists' work.

Professional review is a process by which a physician's care can be evaluated by a physician peer, in the same field, to ensure the physician under review has met accepted standards of care in rendering medical services. It evaluates systems and processes and provides objective, timely feedback that may improve the standards of care for the department, hospital and larger health care services institution. The lack of an adequate professional review process for medical subspecialty professionals is a detriment to themselves and the public. It is a tool that is used to continually improve the overall quality of patient care.

The fact that there are so few neonatologists in Montana has an unintended consequence of hindering the professional review process for these subspecialists. This may also be the case for other similarly situated medical subspecialists. In a frontier/rural environment where there are low numbers of physicians in a particular subspecialty, a hospital, for all practical purposes has no non-conflicted peer physicians on its medical staff to serve as members of a professional review committee to act in review and recommend action based on the medical records and other

information about a clinical care issue. It should be obvious that asking the only one or two physicians with whom the physician being reviewed has to work daily is an uncomfortable situation to say the least. This means that currently Montana hospitals not only have to contract with out of state entities to review the medical charts and other data, but look to unrelated medical specialists or subspecialists at the hospital to serve on the professional review committee. Myself and my neonatologist peers have not been comfortable with being appointed as professional review committee members at other Montana hospitals.

I feel that the professional review process, when used properly, is an invaluable means to educate, align best practices, and correct an errant process or action affecting patient care. Correcting the root cause rather than merely assigning blame creates a working environment that elevates all healthcare providers and staff. We should be able to proactively detect problems early and quickly correct them. As such, professional/peer review is a pillar of patient safety.

The Medical Directors of four NICUs in Montana, located in Kalispell, Missoula, Great Falls and Billings, are in favor of joining and participating in each other's professional review process. It is our intent to allow Montana hospitals to seek peer physicians in the same subspecialty not only to provide data, but be included as members of their professional review committees. This will allow the reviewing peer physicians to engage fully in the activities of the committee. But we and our respective hospitals have not felt that current state law provides adequately and expressly that a physician from another hospital may serve as a member of a professional review committee. We want to make it express in order that the immunity protections available under federal law for persons participating with and providing information to a professional review committee are available. MCA 50-16-201 through 205 provide adequate protection for health care information and data, but the statutes are silent on the question of whether a physician from another hospital may serve on the committee performing the professional review action. We know of no reason or Montana case stating that this cannot happen, but we want to make this express for our particular situation.

We want to work collaboratively in the professional review process across our Montana hospitals with NICUs. The Medical Directors of the NICUs in Montana are committed to improving neonatal care, not only our own hospital's region, but as a group serving all of Montana. Our willingness to participate in each other's professional review process is part of that commitment. By making express in the Montana statutes the opportunity for the protections of federal immunity for the activities of the reviewing peer physician, we will be clarifying and improving the safeguards for our patient's care and welfare.

Sincerely,

A handwritten signature in blue ink that reads "Mark Kaneta, MD". The signature is written in a cursive, flowing style.

Mark Kaneta, MD
Medical Director, Neonatal Intensive Care Unit
Kalispell Regional Medical Center